

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001306

1. Entity Name

THE NIGHT LIGHT ALTERNATIVE CLUB AND COFFEE SHOP

Principal Place of Business

11 NW 117 ST
MIAMI FL 33168
US

Mailing Address

11 NW 117 ST
MIAMI FL 33168
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0615812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWARD, GLORIA J.
200 S BISCAYNE BLVD
#3800
MIAMI FL 33132

Name

Gloria J. Breward (same)

Street Address (P.O. Box Number is Not Acceptable)

1001 Brickell Bay Drive

Suite 1508

City

Miami

FL

Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gloria J. Breward

Gloria J. Breward

9/12/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BREWARD, DONNA A
STREET ADDRESS 11 NW 117 ST
CITY-ST-ZIP MIAMI FL

TITLE D ☒ Change ☐ Addition
NAME FONT, Donna A
STREET ADDRESS 24 N.W. 102 Street
CITY-ST-ZIP Miami Shores, Florida 33150

TITLE D ☐ Delete
NAME BREWARD, JOHN C
STREET ADDRESS 11 NW 117 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BREWARD, GLORIA J
STREET ADDRESS 11 NW 117 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gloria J. Breward

9/12/00

305/536-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)